

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|--|---|--|--|---|--|
| NAME OF FILER JANET NGUYEN FOR SENATE 2022 | | | Date of This Filing <u>11/09/2022</u> | Date Stamp Page 1 of 4 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only |
| AREA CODE/PHONE NUMBER (916)473-4298 | I.D. NUMBER (if applicable) 1443408 | Report No. <u>1</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages <u>4</u> | | | |
| STREET ADDRESS | | | | | |
| CITY GARDEN GROVE | STATE CA | | ZIP CODE 92840 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 11/08/2022 | PRIME HEALTHCARE SERVICES INC. ONTARIO, CA 91761 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,900.00 |
| 11/08/2022 | ORANGE COUNTY PROFESSIONAL FIREFIGHTERS ASSOC. PAC SANTA ANA, CA 92705 ID# 950925 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,900.00 |
| 11/08/2022 | ALTAMED ACTION FUND STATE PAC LOS ANGELES, CA 90017 ID# 1380598 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,470.00 |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

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|---------------|--|---|---|-----------------|
| 11/08/2022 | LONG NGUYEN MCCLEAN, VA 22102 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO PRAGMATICS | \$2,000.00 |
| 11/08/2022 | CVS HEALTH MOONSOCKET, RI 02895 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 |
| 11/08/2022 | WALMART INC. BENTONVILLE, AR 72716 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 |

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|---------------|--|---|---|-----------------|
| 11/08/2022 | ZURICH AMERICAN INSURANCE CO. SCHAUMBURG, IL 60196 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

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Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|----------------------------------|
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Reason for Amendment: